Best Practices and Implementation Procedures for Using Telehealth in PHP & IOP

Anxiety  Depression  Job loss  Working remotely
House Keeping Items

1. Today’s webinar is 1 hour including Q&A
2. All participants will be muted during the webinar
3. Please use the Q&A function vs. chat. We will monitor questions throughout and answer as many as possible at the end.
4. This webinar is being recorded and will be posted within 24 hours at [www.beaconhealthoptions.com/coronavirus/](http://www.beaconhealthoptions.com/coronavirus/) so you have continued access to the information and resources
Agenda

Learning Objective: Support our provider network with implementing telehealth for intensive outpatient programs (IOPs) and partial hospitalization programs (PHPs) as a result of COVID-19.

- Overview of operationalizing a virtual group
- Keeping patients engaged
- Maintaining confidentiality
- Crisis and risk in a virtual group setting
- Toxicology screenings
- Family involvement
- “Lessons Learned” from providers currently conducting virtual IOP/PHP
- Short discussion on the potential long term usage of virtual services
- Question and Answer
Today’s speakers

Robert McAlonan, LCSW
Director of Provider Quality

Paula Vass, LICSW, MBA, CEDS
Chief of Clinical Operations

Jennifer Nelson
Interim Manager of Virtual Services

Stephen Delisi, MD
Medical Director, Professional Education
Overview of IOP and PHP Telehealth During COVID-19

- Beacon’s overall expectation is that providers continue to deliver the **same level of service** and **clinical value** using telehealth.

- Virtual IOP and PHP must include **audio and video** technology.

- IOP and PHP programming **must include** a written schedule or program activities, protocols for addressing risk, group notes and treatment planning. For virtual PHP, patients must be seen by a psychiatrist daily.

- No more than 15 participants in a virtual IOP group and 10 for virtual PHP.

- Virtual PHP: Ensure full-day programming (a minimum of 6 hours). Group therapy must take place at least four hours a day.
How has COVID-19 affected patient engagement?
• There is a wide spectrum of patient willingness to participate in a virtual group.
• Increased engagement when providers successfully adapt evidence-based programming to virtual delivery.
• Clinical anecdote: Family more available and engaged in virtual eating disorder treatment during COVID-19.

How do you ensure confidentiality in a virtual group?
• Ensure virtual conferencing platforms are HIPPA compliant and 42 CFR Part 2 compliant, as applicable.
• Patient handbook and informed consent for telehealth services should be specific.
• Clinicians should “scan” the rooms and be aware of any breaches in privacy.

What do I do if there is a crisis during or at the end of a virtual group session?
• Emergency action plans specific to virtual programs. Have a plan!
• Know the physical location of the patients and emergency contact information with Release of Information (ROI).
• Agency should develop virtual crisis management policies, procedures and clinician training.
What have been some of your “lessons learned” in conducting virtual programs?
• Telehealth increases access for people with financial, geographic, and/or transportation issues.
• Virtual services provides a safer environment for those who struggle with close proximity to others.
• Both clinicians and patients need orientation to virtual etiquette.
• Establish “ground rules” specific to the virtual program.

How do you continue toxicology screenings in a virtual program?
• If available, patients can go to a physical lab location.
• Oral swab and urine kits sent to home – DNA matching at the lab.

How do you include family and collaterals in a virtual IOP or PHP?
• Regular family and/or collateral virtual meetings.
• Specific family/collateral support groups offered outside of the IOP/PHP programming.
Thinking ahead – How does COVID-19 affect the long-term utilization of a virtual framework?

It is very possible that COVID-19 will have a lasting effect on the ratio of outpatient services offered via telehealth.

Beacon will be analyzing how telehealth has impacted access and behavioral health outcomes.
Resources
Beacon COVID-19 Provider Resources

Coronavirus Provider Resources (Link)
Provider Webinars (Link)

Additional Provider Webinars
1. Managing a Clinical Team Remotely
2. Compassion Fatigue for Providers/Clinicians
3. Triaging Referrals to Prioritize Access
4. Delivering Substance Use Disorder Care Via Telehealth Platform
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Questions?

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Thank You

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CONTACT US:
Beacon’s National Provider Services Line

800-397-1630 (Monday-Friday, 8 a.m.-8 p.m. ET) or contact your Provider Relations contact